



**ARIZONA RADIATION REGULATORY AGENCY**  
**TANNING DATA FORM**

INSTRUCTIONS - Complete all items in this data sheet for licensing a new facility or the renewal or amendment of an existing license. Use one data form for each Tanning Device. Retain a copy of this data sheet for your records. Attach this data sheet to your NONIONIZING RADIATION LICENSE APPLICATION and mail to: Arizona Radiation Regulatory Agency, 4814 South 40th Street, Phoenix, Arizona 85040. Upon approval of the application, the applicant will receive a Nonionizing Radiation License issued in accordance with the requirements contained in Arizona Administrative Code. This data form is for use by Tanning device facilities. Other facility types are required to use forms provided by the Agency.

1. NAME AND ADDRESS OF LICENSEE:	* 2. ADDRESS AT WHICH DEVICE(S) WILL BE USED:
	*
	*
	*
	*
	*
	*
	*
TELEPHONE NUMBER:	*
3. PERSON TO CONTACT REGARDING THIS DATA FORM	* 4. THIS IS DATA FOR AN APPLICATION FOR: (Check appropriate item)
	*
	* G NEW LICENSE
	*
	* G RENEWAL OF LICENSE NO. _____
	*
	* G AMENDMENT TO LICENSE NO. _____
TELEPHONE NUMBER:	*
5. TANNING DEVICE IDENTIFYING INFORMATION:	* 6. TIMER TYPE AND IDENTIFYING INFORMATION:
	*
MANUFACTURER: _____	* G ORIGINAL CERTIFIED TIMER
	*
MODEL NUMBER: _____	* G AFTERMARKET ELECTRONIC
	*
DATE OF MANUFACTURE: _____	* G AFTERMARKET MECHANICAL
	*
TYPE OF LAMPS USED: G UVA G UVB G UVA/UVB	* MAXIMUM TANNING TIME SETTING: _____
	* USER ABLE TO TERMINATE EXPOSURE LOCALLY: G YES G NO
	*

The Applicant or any official executing this certificate on behalf of the applicant named in item 1, certifies that this application is prepared in conformity with Arizona Administrative Code, Title 12, Chapter 1, and that all information contained on the form, including any attachments, is true and correct to the best of his or her knowledge and belief. Further, the Applicant or any official executing this certificate on behalf of the applicant agrees to conform to the Statutory and Administrative requirements of the State of Arizona and the Arizona Radiation Regulatory Agency.

_____ (TYPE OR PRINT NAME OF CERTIFYING OFFICIAL)	BY: _____ (SIGNATURE)
_____ (TITLE OF CERTIFYING OFFICIAL)	DATE: _____

**RETAIN A COPY FOR YOUR RECORDS**